



www.gallatin.mt.gov/health

Gallatin City-County Health Department

Human Services

215 W. Mendenhall, Rm 117
Bozeman, MT 59715-3478
(406) 582-3100 • Fax (406) 582-3112

Environmental Health Services

215 W. Mendenhall, Rm 108
Bozeman, MT 59715-3478

Temporary Food Event Coordinator's Application

(To be completed for events with >3 temporary food vendors)

- ❖ Approval of these plans and specifications by GCCHD does **not** indicate compliance with any other code, law or regulation that may be required (i.e., federal, state, or local).
- ❖ This application approval is for general services that are required for the overall event.
- ❖ Additions and/or deletions of participating vendors must be submitted in writing to this office.
- ❖ Each vendor must submit a separate "Temporary Event Food Service Vendor Application" for his or her own facility.

Name of Event _____

Event Location _____

Date(s) & Time(s) of Event _____

Expected number of patrons _____ Anticipated numbers of patrons per day _____

Expected peak days _____

Name of Coordinator _____ Phone # _____

Participating Vendors

Organization Name	Contact Person	Phone

Attach additional sheets as necessary

Date & time food service operations will be setup: _____

Indicate who will be responsible for maintenance during the event: _____

Describe toilet & handwashing facilities (type, number, and location):

If portable toilets are to be used, how often will they be serviced (emptied) during the event? _____

Will electricity be provided to the vendor's sites? ____ Yes ____ No

If yes, please describe how? _____

Describe water supply: _____

Describe wastewater disposal system: _____

Describe garbage disposal: _____

****Attach additional sheets as necessary****

Statement: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Gallatin City-County Health Department (GCCHD) may void this approval.

Coordinator Signature

Date

Health Department Comments

Environmental Health Specialist

Date



PORTABLE SANITATION ASSOCIATION INTERNATIONAL

7800 Metro Parkway - Suite 104 • Bloomington, Minnesota 55425 U.S.A.
1-800-822-3020 • (952) 854-8300 • Fax: (952) 854-7560 • E-mail: info@psai.org

SPECIAL EVENT EXTENDED CHART BREAKDOWN (No fixed facilities)

Number of Units required when no pumping service is provided

50/50 Mix of Men & Women

One unit provides approximately 200 uses with 4 hours between use

Average Crowd Size ↓	AVERAGE HOURS AT THE EVENT									
	→ 1	2	3	4	5	6	7	8	9	10
500	2	4	4	5	6	7	9	9	10	12
1,000	4	6	8	8	9	9	11	12	13	13
2,000	5	6	9	12	14	16	18	20	23	25
3,000	6	9	12	16	20	24	26	30	34	38
4,000	8	13	16	22	25	30	35	40	45	50
5,000	12	15	20	25	31	38	44	50	56	63
10,000	15	25	38	50	63	75	88	100	113	125
15,000	20	38	56	75	94	113	131	150	169	188
20,000	25	50	75	100	125	150	175	200	225	250
25,000	38	69	99	130	160	191	221	252	282	313
30,000	46	82	119	156	192	229	266	302	339	376
35,000	53	96	139	181	224	267	310	352	395	438
40,000	61	109	158	207	256	305	354	403	452	501
45,000	68	123	178	233	288	343	398	453	508	563
50,000	76	137	198	259	320	381	442	503	564	626
55,000	83	150	217	285	352	419	486	554	621	688
60,000	91	164	237	311	384	457	531	604	677	751
65,000	98	177	257	336	416	495	575	654	734	813
70,000	106	191	277	362	448	533	619	704	790	876
75,000	113	205	296	388	480	571	663	755	846	938
80,000	121	218	316	414	512	609	707	805	903	1001
85,000	128	232	336	440	544	647	751	855	959	1063
90,000	136	246	356	466	576	686	796	906	1016	1126
95,000	143	259	375	491	607	724	840	956	1072	1188
100,000	151	273	395	517	639	762	884	1006	1128	1251